

service provision occur; facilitating the recipient's access to other appropriate care if and when eligibility for the targeted services ceases; and, assisting the recipient to anticipate the difficulties which may be encountered subsequent to discharge from or admission to facilities or other programs, including other case management programs.

PROCEDURAL REQUIREMENTS FOR PROVISION OF SERVICE

1. **Assessments.** The case management process must be initiated by the recipient and case manager through a written assessment of the recipient's need for case management as well as medical, social, psychosocial, educational, financial and other services.

An assessment provides verification of the recipient's current functioning and continuing need for services, the service priorities and evaluation of the recipient's ability to benefit from such services. The assessment process includes those activities listed in paragraph B of **CASE MANAGEMENT FUNCTIONS**.

An assessment must be completed by a case manager within 15 days of the date of the referral or as specified in a referral agreement. The referral for service may include a plan of care containing significant information developed by the referral source which should be included as an integral part of the case management plan.

An updated assessment of the recipient's need for case management and other services must be completed by the case manager every six months, or sooner if required by changes in the recipient's condition or circumstances.

2. **Case management plan.** A written case management plan must be completed by the case manager for each recipient of case management services within 30 days of the date of referral or as specified in a referral agreement, and must include those activities outlined in paragraph C under **CASE MANAGEMENT FUNCTIONS**.

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The recipient's case management goals, with anticipated dates of completion, must be established in the initial case management plan, consistent with the recipient's service needs and assessment.

The case management plan must be reviewed and updated by the case manager as required by changes in the recipient's condition or circumstances, but not less frequently than every six months subsequent to the initial plan; and each time the case management plan is reviewed, the goals established in the initial case management plan must be maintained or revised, and new goals and new time-frames may be established with the participation of the recipient.

The case management plan must specify:

- a. those activities which the recipient is expected to undertake within a given period of time toward the accomplishment of each case management goal;
 - b. the name of the person or agency, including the individual and/or family members, who will perform needed tasks;
 - c. the type of treatment program or service providers to which the recipient will be referred.
 - d. the method of provision and those activities to be performed by a service provider or other person to achieve the recipient's related goal and objective; and
 - e. the type, amount, frequency, duration and cost of case management and other services to be delivered or tasks to be performed.
3. **Continuity of service.** Case management services must be ongoing from the time the recipient is accepted by the case management agent for services to the time when: the coordination of services provided through case management is not required or is no longer required by the recipient; the recipient moves from the social services district to a district in which case management services are not provided; the long term goal has been reached; the recipient refuses to accept case management services; the recipient requests that his/her case be closed; the recipient is no longer eligible for services; or, the recipient's case is appropriately transferred to another case manager.

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Contact with the recipient or with a collateral source on the recipient's behalf must be maintained by the case manager at least monthly or more frequently as specified in the provider's agreement with New York State Department of Social Services.

LIMITATIONS TO THE PROVISION OF MEDICAID CASE MANAGEMENT SERVICES

Case management services:

1. must not be utilized to restrict the choice of a case management services recipient to obtain medical care or services from any provider participating in the Medical Assistance Program who is qualified to provide such care or services and who undertakes to provide such care or service(s) including an organization which provides such care or services or which arranges for the delivery of such care or services on a prepayment basis;
2. must not duplicate case management services currently provided under the Medical Assistance Program or under any other program;
3. must not be utilized by providers of case management to create a demand for unnecessary services or programs particularly those services or programs within their scope of authority; and.
4. must not be provided to persons receiving institutional care reimbursed under the Medical Assistance Program or to persons in receipt of case management services under a Federal Home and Community Based Services Waiver.

While the activities of case management services secure access to, including referral to and arrangement for, an individual's needed service, the activities of case management do not include:

1. the actual provision of the service;
2. Medicaid eligibility determinations/redeterminations;

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3. Medicaid preadmission screening;
4. prior authorization for Medicaid services;
5. required Medicaid utilization review;
6. EPSDT administration;
7. activities in connection with "lock-in" provisions under 1915(a) of the Social Security Act;
8. institutional discharge planning as required of hospitals, SNF's, ICF's and ICF/MR's; and
9. client outreach.

LIMITATIONS SPECIFIC TO TARGET GROUP A

Case managers and case management staff with respect to any eligible child of an adolescent or adolescent in Target Group A for whom case management activities are being performed and the child(ren) of such adolescent, are prohibited from and do not have the authority to:

1. provide, authorize or purchase services or assistance reimbursable under Title XX of the federal Social Security Act or otherwise administered or funded by the social services district;
2. accept or deny any application for public assistance or for services or assistance reimbursable under Title XX of the federal Social Security Act or otherwise administered or funded by the social service district; or,
3. place the adolescent or his or her child(ren) in foster care, or remove the adolescent or his or her child(ren) from the home of his or her parent or guardian.

E. QUALIFICATIONS OF PROVIDERS

1. Providers

Case management services may be provided by social services agencies, facilities, persons and other groups possessing the capability to provide such services who are approved by the New York State Commissioner of Social Services based upon an approved proposal submitted to the New York State Department of Social Services. Providers may include:

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- a. facilities licensed or certified under New York State law or regulation;
- b. health care or social work professionals licensed or certified in accordance with New York State law;
- c. State and local governmental agencies; and
- d. home health agencies certified under New York State law.

2. **Case Managers**

The case manager must have two years experience in a substantial number of activities outlined under **CASE MANAGEMENT FUNCTIONS**, including the performance of assessments and development of care management plans. Voluntary or part-time experience which can be verified will be accepted on a pro-rata basis. The following may be substituted for this requirement:

- a. one year of case management experience and a degree in a health or human services field; or
- b. one year of case management experience and an additional year of experience in other activities with the target population; or
- c. a bachelor's or master's degree which includes a practicum encompassing a substantial number of activities outlined under **CASE MANAGEMENT FUNCTIONS**, including the performance of assessments and development of case management plans; or
- d. the individual meets the regulatory requirements for case manager of a State Department within New York State.

3. **Qualifications of Providers Specific to Target Group A***

1. **Providers**

Providers of case management to the adolescents in Target Group A may be public or private agencies and organizations, whether operated on a profit-making or not-for-profit basis.

2. **Case Managers**

Case managers must have the education, experience, training and/or knowledge in the areas necessary to assess the needs and capabilities of, and to assist pregnant, parenting or at-risk adolescents access to services and assistance needed to maintain and strengthen

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family life, to attain or retain the capability for maximum self support and personal independence including, but not limited to the areas of adolescent development, adolescent sexuality, and effective interviewing techniques.

Primary responsibility for performing case management activities must be given to case managers. Para-professional and volunteers may be used as case management staff to assist the case managers and may perform those activities which are appropriate based on their training and experience.

* (18 NYCRR 361.0-361.13 NYS DSS Regulatory requirements for implementation of the New York State Teenage Services Act of 1984.)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York State

CASE MANAGEMENT SERVICES

A. Target Group:

See attached Target Group B

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B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See attached

E. Qualification of Providers:

See attached

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March 1987

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State/Territory: New York State

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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A. TARGET GROUP B

The targeted group consists of medical assistance eligibles

- (i) who are developmentally disabled;
- (ii) are in need of ongoing and comprehensive rather than incidental case management and
- (iii) reside in CMRDD certified Family Care Homes, Community Residences, live independently or with family, or
- (iv) reside in residential facilities certified by a state agency other than CMRDD and are referred by the residential facility, or its supervising or certifying agency.

The target group is individuals with a documented need for an ongoing and comprehensive plan of assistance to access community services. For these persons, provision of case management is necessary to support a non-institutional living situation.

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED TO TARGET GROUP B

Entire State

D. DEFINITION OF COMPREHENSIVE MEDICAID CASE MANAGEMENT REIMBURSABLE UNDER MEDICAID

Case management is a process which will assist persons eligible for Medical Assistance to access necessary services in accordance with goals contained in a written case management plan.

BASIC PREMISES OF COMPREHENSIVE MEDICAID CASE MANAGEMENT

1. Case management services are those services which will assist persons eligible for Medical Assistance to obtain needed medical, social, psychosocial, educational, financial and other services.

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2. Case Management is a human services agency tool for the effective management of multiple resources for the benefit of individuals identified as high utilizers of service, having problems accessing care, or belonging to certain age, diagnosis or specialized program groups. Effective case management must address quality, adequacy and continuity of service, and balance a concern for whether the service is affordable for the client with assuring that eligible individuals receive the services appropriate to their needs. Targeted groups consist of functionally limited persons with multiple needs or high vulnerability who require intensive and/or long term intervention by health and other human service providers.
3. Case management services enable Medicaid eligibles to exercise their freedom of choice by providing knowledge of services available to them, providing access to the most appropriate service to meet their needs and assisting them to achieve their maximum level of functioning and independence in the most appropriate environment.
4. Case management empowers the individual by its encouragement in the decision making process, allowing choice among all available options as a means of moving the individual to the optimum situation where the person and his/her support system can address his/her needs. Case management implies utilization and development of such support networks as will maximize the effectiveness, efficiency and accountability of support services on behalf of the individual.

DEFINITION OF CASE MANAGEMENT RELATED TO TARGET GROUP "B"

Case management for Target Group "B" means those activities performed by case management staff related to ensuring that the developmentally disabled individual has full access to the comprehensive array of services and assistance available in the community, which the individual needs to maintain non-institutional life and to attain or retain capability for maximum personal independence.

Case management for Target Group "B" requires referral to and coordination with medical, social, educational, psychosocial, employment, habilitation, rehabilitation, financial, environmental, and legal services available within the community appropriate to the needs of the developmentally disabled individual.

CASE MANAGEMENT FUNCTIONS

Case management functions are determined by the recipient's circumstances and therefore must be determined specifically in each case. In no instance will case management include the provision of clinical or treatment services. A separate case record must be established for each individual recipient of case management services and must document each case management function provided.

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